

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. IV85-225154 Company Fremont Indemnity

- ☐ Certified copy is hereby furnished. 7/1/86
- ☒ Certified copy is filed with the county building inspection department.

Date 6-23-86 Applicant Virgin Roof Co.

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 160650 Lic. Class C39

Contractor Virgin Roof Co. Date 6-23-86

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

- ☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).
- ☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent

Date

860330 BG

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				
BUILDING ADDRESS <u>7671 E. Sunside Dr.</u>				
CITY <u>So. San Gabriel</u>		ZIP _____		
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT		
TRACT	BLOCK	LOT NO.		
OWNER <u>Mrs. Klumb</u>		TEL. NO.		
ADDRESS <u>7671 E. Sunside Dr.</u>				
CITY <u>So. San Gabriel</u>		ZIP _____		
ARCHITECT OR ENGINEER		TEL. NO.		
ADDRESS _____				
CONTRACTOR <u>Virgin Roof Co.</u>		TEL. NO. <u>287-0507</u>		
ADDRESS <u>P.O. Box J</u>		LIC. NO. <u>160650</u>		
CITY <u>San Gabriel</u>		LIC. CLASS <u>C39</u>		
SQ. FT. SIZE	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE	
DESCRIPTION OF WORK <u>Remove tile 2-#40</u>			NEW <input type="checkbox"/>	
<u>Relay tile 4 1/2 sq. ft. reroof</u>			ADD <input type="checkbox"/>	
<u>Class A tile</u>			ALTER <input type="checkbox"/>	
USE OF EXISTING BLDG. <u>Dwelling</u>			REPAIR <input checked="" type="checkbox"/>	
APPLICANT (PRINT) <u>Virgin Roof Co.</u>			DEMOL <input type="checkbox"/>	
ADDRESS <u>P.O. Box J San Gabriel 91778</u>			TEL. NO. <u>287-0507</u>	
PRESENT BUILDING ADDRESS _____				
LOCALITY _____				
MOVING CONTRACTOR _____			TEL. NO. _____	
ADDRESS _____				
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH
FRONT P.L.				
SIDE P.L.				
P.C. Fee \$		Permit Fee <u>\$26.25</u>		
		Issuance Fee <u>\$10.50</u>		
Investigation Fee		Total Fee <u>\$36.75</u>		

BUILDING ADDRESS <u>7671 E. Sunside Dr.</u>				
LOCALITY <u>So. San Gabriel</u>				
NEAREST CROSS ST. <u>7th St.</u>				
ASSESSOR MAP BOOK		PAGE	PARCEL	
USE ZONE <u>A-1</u>	MAP NO. <u>2027</u>	SPECIAL CONDITIONS		
DISTRICT <u>60</u>	GROUP	TYPE CONST.	FIRE ZONE	PROCESSED BY <u>[Signature]</u>
STATISTICAL CLASSIFICATION			APT.	CONDO.
CLASS NO. <u>21</u>			DWELL. UNITS _____	
SEWER MAP				
BK. PG.				
VALUATION				
\$ <u>1,986.00</u>				
\$ _____				
FINAL DATE <u>10/24/86</u>				
FINAL By <u>[Signature]</u>				
LDMA Ref. #				
LDMA P/C #				
LDMA Perm. #				

SEE REVERSE FOR EXPLANATORY LANGUAGE

INSPECTOR COPY

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